

# Annual Report for 1997-98

## **Annual Report for 1997-98**



Department for Public Health  
**Department for Public Health**

COMMONWEALTH OF KENTUCKY  
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**Paul E. Patton, Governor**  
**Rice C. Leach, M.D., Commissioner**

**Without health  
there is no happiness.  
An attention to health, then,  
should take the place of every other object.**

*--Thomas Jefferson, 1787*

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### COMMONWEALTH OF KENTUCKY

Department for Public Health  
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## **PREFACE**

The Department for Public Health's (DPH) annual report for fiscal year 1998 highlights the department's programs and their achievements. The reader should keep in mind, however, that most of the public health workforce is in county health departments with the bulk of work carried out at that level. The state and county health departments and their private sector partners should all be proud of the positive results reported herein. Kentucky's public health workers have made many positive contributions to promote health, protect against illness and injury, and render personal preventive services to all Kentuckians.

During fiscal year 1998, the department undertook several significant initiatives, one of which was strategic planning, which involved more than 2,500 Kentuckians. The planners resolved that "Public health is the art and science of preventing disease, prolonging life, and promoting physical health and efficiency through organized community effort." Using the three guiding principles of assessment, policy development, and assurance—the "Kentucky Public Health Improvement Plan" will provide critical direction for specific plans, outreach, and information analysis as we enter the next century.

Another initiative involved planning for Medicaid partnerships which has required extensive involvement by state and local health department staff.

In October 1997 the reorganization of the Department for Public Health was approved. This reorganization has increased the need for teamwork and productivity. Envisioned outcomes include shared information and information systems, reduced duplication of services, and strengthened relationships with the local health departments. The plan reintroduces Public Health Nursing and in so doing takes us back to the future. The department again clearly establishes the essential fundamentals envisioned by Dr. J. N. McCormack when the Kentucky General Assembly created the board of health in 1878--"sanitation, birth and death monitoring, laboratory, and public health nursing."

Rice C. Leach, M.D.  
Commissioner

# ONE

## INTRODUCTION

**“We are in business to help Kentuckians be well.”**

### **Department Overview**

The Department for Public Health (DPH) is the only agency in Kentucky responsible for developing and operating all public health programs for the people of the Commonwealth. KRS 194.030 created DPH to "develop and operate all programs of the cabinet that provide health services and all programs for the prevention, detection, care, and treatment of physical disability, illness, and disease."

In fiscal year 1998, DPH operated on a **\$173,885,000** budget with 65.2 percent of its funding from federal dollars. One of three departments in the Cabinet for Health Services, DPH employs 400 persons divided among six divisions described below:

1. The **Division of Adult and Child Health (ACH)** promotes the health of mothers and children by developing systems of care and by providing health and nutrition services to women, infants, and children.
2. The **Division of Epidemiology and Health Planning** is responsible for communicable disease prevention and control, disease surveillance and investigation, injury prevention and research, maintenance of the Vital Statistics system, and collection, analysis, and dissemination of health data, including hospital discharge data and creation of county health profiles.
3. The **Division of Laboratory Services** provides analysis and quality control for health department laboratories and reference services to laboratories. The central lab also conducts metabolic screening for all newborns in the state.
4. The **Division of Local Health Department Operations** provides administrative support local health departments in all 120 counties of the Commonwealth. New to this division is the Public Health Nursing Branch, which provides technical support to public health nurses.
5. The **Division of Public Health Protection and Safety** protects Kentuckians from unsafe consumer products, radiation and other toxic exposure, unsanitary milk, adulterated and misbranded food, unsanitary public facilities, and malfunctioning sewage systems.
6. The newly established **Division of Resource Management** develops and oversees DPH's budget as well as local health departments' fiscal planning and their administrative and management practices

## Status Report

The Kentucky Department for Public Health and the state's local health departments are in the midst of rapid and profound change that is unprecedented in recent history. At the state level, divisions that were previously autonomous have been reconfigured into an organization that must share to succeed. We are developing new ways for the state staff to support local health departments in their efforts to develop collaborative relationships with local physicians, hospitals, and others.

The state and local health departments must continue to protect the health and safety of the population and to serve as a personal preventive services safety net for those who have no alternative source for these services. We must continue to build on our previous successes in communicable disease control, infant mortality, child health, and cancer prevention as we find ways to help reduce additional risks to the state's health. Tuberculosis and infant mortality are at record low rates and childhood immunizations are as high as they have ever been. At the same time we are experiencing these successes, there are some very disturbing data emerging about new risks to Kentuckians.

The Kentucky Youth Risk Behavior Survey for 1997 asked selected questions of 1,465 high school students. Based on the results of the weighted data and knowing that there were approximately 185,000 children in high school that year, the numbers are troubling:

- 23.5% (43,600) don't wear seat belts
- 36% (67,400) ride with someone who is drinking and driving
- 16% (29,700) drive while drinking
- 26% (49,500) carry weapons while
- 15% (28,000) carry *weapons to school*
- 26% of girls consider suicide and 21% have planned suicide
- 18% of boys consider suicide and 13% have planned suicide
- 5% (9300) attempted suicide and received medical care
- 49% (91,600) had consumed alcohol in the last 30 days
- 37% (69,000) had been binge drinking within the last 30 days
- 50% (97,000) smoke and 50% (97,000) do not smoke
- 7% of boys and 4% of girls have used cocaine
- 54% (100,000) have sexual intercourse and they are starting at younger ages

The Kentucky Behavioral Risk Factor Surveillance of 1997 shows that 44.3 percent of adult Kentuckians are considered overweight based on body mass index. Obesity causes or worsens a multitude of unhealthy conditions: asthma, emphysema, atherosclerotic heart disease, sleep disorders, diabetes, renal failure, hypertension, complications of pregnancy including low birthweight, squamous cell cancer of the skin, and stasis ulcers of the legs secondary to venous and arterial

insufficiency. These conditions compromise the quality of life for many Kentuckians, contributing to the “heart disease, cancer, and stroke” causes of death. They also cause disability and inability to live independently

which in turn generates so much of the Medicaid expense in the category of “aged, blind, and disabled.”

Add to this other factors--the 40,000 children eligible but not enrolled in Medicaid, the 100,000 needing information on Kentucky Children’s Health Insurance Program (K-CHIP), and the 200,000 without complete EPSDT services--and Kentucky faces significant public health challenges. Our \$9 billion acute care medical system has not demonstrated its ability to reduce these numbers. Population approaches to public health working collaboratively with clinic-based practices *do* reduce these negative numbers. A close model is the state of South Carolina, which has achieved 90 percent immunization and EPSDT compliance since they started assigning public health workers to clinical practices in 1992. Kentucky can do the same if it strengthens its population-based efforts.

To accomplish this means that everyone has to change. Boards of health must become more actively concerned about the health of the county as they are about managing the clinic. Local health department staff are going to have to acquire new skills to help them meet the increasing demand for population-based services. State staff will need to acquire more teaching, coaching, and team building skills if we are going to continue to achieve positive health outcomes among patients going to someone else’s clinic. We are trying to meet everyone’s expectations, adjust to major resource changes, and write a plan for a redesigned system at the same time. It is a lot like trying to change a tire at 60 miles an hour.

## **The Future of Public Health in Kentucky**

### **Background**

State and local health departments have long addressed three major functions: assessment, assurance, and policy development. They have achieved meaningful results since the end of World War II by performing seven core activities. Communicable disease control has immunized thousands of children against vaccine- preventable diseases, sought out and treated sexually transmitted diseases and tuberculosis, and responded to disease outbreaks. Surveillance has monitored the distribution and determinants of many diseases and conditions to permit appropriate interventions. Risk assessment and intervention have responded to everything from prenatal care and well-child care to cancer screening and assessment. Enforcement of environmental health regulations has lowered the risk of disease in everything from schools to restaurants to milk to septic systems. Emergency preparedness has provided health workers with community awareness

during floods, blizzards, fires, and other natural disasters. Public health education has addressed everything from breast feeding to diabetic diets to safe operation of farm equipment. Finally, policy development has assisted local, state, and national groups working to improve the health status of Kentuckians.

Prior to 1965 the health departments achieved their results by working on population issues like mass immunization campaigns (Sabin Oral Sunday in 1963), tuberculosis screening, rat control, rabies control, etc. By the mid 1960's most of Kentucky's poor health outcomes were secondary to lack of access to clinical services by people without enough money to visit a "doctor." The Medicaid programs alleviated much of this problem by paying for preventive services for those most in need. By 1996 Kentucky's health departments employed nearly 4,500 people to provide 2.5 million visits to over 700,000 different people. Clearly, the departments had made significant progress in immunizations, prenatal care, and well-child care. Declines in infant mortality, vaccine preventable disease, and tuberculosis all attest to the success of the direct preventive service approach to public health.

By 1992 private practitioners across the state were expressing significant interest in providing a "medical home" for the women and children insured by Medicaid but using health departments for their preventive services. Gradually patients insured by Medicaid began to shift from the public health sector to the private sector. The advent of the Medicaid partnership program in late 1997 has accelerated this shift. If health departments lost all of their Medicaid patients, 30 percent of the mothers and 30 percent of the children would be receiving their care from somewhere else. The Kentucky Children's Health Insurance Plan (KCHIP) is expected to provide insurance for 100,000 of the remaining children. If all of these persons went to private doctors for their care, then the health departments would not be providing 2.5 million visits to 700,000 Kentuckians and, as a result, the departments would experience a \$30 million dollar decline in Medicaid collections. If, however, the number of uninsured patients remains stable, if utilization rates remain unchanged and if the preventive services benefit package remains constant, public health departments would be expected to provide approximately 1,450,000 visits to 400,000 patients. Thus nearly half of the current clients of health departments may be going somewhere else in the future. This reduced patient load would require a smaller staff of approximately 2,600.

This shift of patients from public health department clinics has presented three major challenges. First is the fiscal impact of the loss of local health department revenue and its impact on staffing. This challenge has received the most discussion among health department leaders over the last year. The second challenge, "how to provide a safety net" of preventive health services to persons without health insurance is also discussed frequently. Much less discussed but of paramount public health importance is the challenge of "how to continue to generate positive public health outcomes" now that the persons most at risk are going to someone



else's clinic.

## **Transition**

The state and local health department leaders have realized that the forces of change were developing as the state debated health care reform, Medicaid Managed Care, the KCHIP. The leaders of the health departments have participated in many discussions with boards of health, county judges, medical and hospital associations and others, especially since 1995.

Anticipating this set of circumstances several years ago, the Department for Public Health took several steps to respond. First, the department was reorganized in 1997 to create the Division of Local Health Operations to be the direct operational link between the counties and the state. New branches of public health nursing, training, and information systems management were established to address anticipated demands for technical support. Fund management was moved from program branches and centralized in a Division of Resource Management. The many health care program managers who had previously controlled both funds and programs were reassigned to the Division of Adult and Child Health and were charged with helping the health departments by on site coaching and support.

Second, the department initiated statewide discussion through the Governor's Conference on the Future of Public Health, The Strategic Plan for Public Health Improvement, regional conferences, and special training sessions.

Third, the department has changed the way it funds local health departments. Local health department directors have long complained that they need the flexibility to meet their public health obligations in ways appropriate to their counties. Under the new disbursement arrangement, a significant amount of the local health department funding is being distributed to support local needs. Local health departments and their boards of health are expected to develop plans for the right mix of clinical and population services needed to accomplish core public health activities. State health department staff are expected help the local departments plan more meaningful ways to improve public health outcomes. "Frankfort" is no longer controlling local health department behavior through money management.

Increased flexibility is already generating new ideas. One health department is talking about sending a nurse to work in a local pediatrician's office to find out who needs immunizations so someone can be sure the children get their shots. South Carolina started doing this in 1992 by sending public health nurses into pediatric practices. Today South Carolina has over 70 public health nurses in pediatric practices with the result that their EPSDT screening level has increased from 50 to 92 percent with no new funds. Contrast these numbers to our state

where a good year produces only 20 percent EPSDT screening. Imagine what this kind of outreach activity can do for other health indicators.

Another health department assessed newborn blood tests errors in doctors' offices to screen for metabolic errors and found that 50 percent of the blood specimens were being collected improperly. By correcting the problem at its source, the department eliminated nursing and laboratory time to repeat the test, eliminated the need for someone to bring the child back to the office, reduced the risk of delayed diagnosis, and kept the baby from enduring one more needle stick. One can only wonder what other efficiencies and results will be achieved as more nurses look at immunizations, breast cancer screening, etc.

In one county a local family practice doctor is reported to be considering the possibility of moving his practice into the health department because clinic volume has declined. Think of the advantages of having public health department staff and the physician in the same place.

A medical director of a major commercial HMO asked the commissioner for a way for his HMO to purchase public health services from the local health departments because the physicians in the group are so busy taking care of illness that they are unable to address health promotion and disease prevention.

Some local health departments are beginning to request county-specific information on immunizations, cancer, EPSDT, etc. so they can find ways to do a better job with what they have.

It is not clear at this time exactly how all this will work; however, there is general acceptance of the new planning requirement and the new funding arrangement at the local health department level. There is a significant amount of discussion about how everyone is supposed to work together. One can find evidence of an emerging public health system in which the state health staff works like coaches and the county staff works like players. Together they are organizing multi-disciplinary, multi-agency teams to address public health issues at the local level. We are certain that, given time to adapt, the local health departments will draw on their experience, organization, and dedication to find ways to combat current public health problems while continuing to improve on their successes in controlling communicable diseases and lowering infant mortality. Once we find the right mix of clinics and population services and share with the private sector, we will see declines in diseases like heart disease, cancer, lung disease, osteoporosis, obesity, and teenage pregnancy.

## **New Initiatives**

State and local health department staff are trying new approaches across the state. In the Green River District, the health department and the pediatricians have begun work on how to ensure proper immunization of all the children in Daviess County. County health department nurses and private physicians are looking for ways to share staff and use the state's immunization data system to identify children needing immunizations, to get them immunized, and to create an electronic immunization record that is available to any provider caring for the child. The Green River District's collaboration with the Daviess County pediatricians has a high probability of improving immunization rates and leading to more activities in children's health.

The Barren River District Health Department has initiated several projects to work with the United Way and the Cancer Center and to pursue local grants to reduce teenage sexual activity. They are working with local physicians to better manage immunizations for all children, have instituted programs to ensure the proper use of car seats, have worked with the schools on shared nursing activities, and most importantly, they have increasingly convinced their communities that public health is everyone's business.

Some local health departments are sending nurses and nutritionists for training as environmental health inspectors to enable them to provide more than one service needed by the county. This will enable the dually trained professionals to do more than one task and will increase efficiency in several areas. For example, a school environmental health visit can add public health education in nutrition. Similarly, an environmentally certified nurse can perform public health nursing duties on the same trip.

Elsewhere, two local health department directors sit on the boards of their local hospitals and work to develop community-based planning. Discussions are in progress with several pediatric groups to look for ways to combine the health department and doctors' offices for the good of the children. The Clark County Health Department and local physicians are cooperating in an immunization project to improve their results. Meanwhile, the state, Jefferson County, and University of Louisville Medical School are testing an immunization system for state-wide application. The Lake Cumberland District Health Department has taken a leadership role in pulling various groups together to develop plans for assisting people who have lost their health insurance as clothing manufacturers have left that area. The Woodford County transition plan with the state public health nurses has produced a meaningful tool to help health departments adapt.

State health department staff have been pursuing alternate funding sources. One of the commercial health management organizations has sent representatives to discuss the possibility of purchasing chronic disease health education services for private patients from the health departments. We are exploring the possibility of

obtaining additional funding to pay family planning costs currently funded at the county level. Finally we continue to hold talks with federal agencies about expanding our cancer screening activities and we are in discussions with Medicaid about such things as reimbursement for outreach to enroll eligible children and basic core public health services that benefit Medicaid Clients.

## **Changes in Local Health Department Resources**

The local health departments encountered several revenue problems simultaneously. Medicaid- managed care gets most of the attention; however, there are other contributing factors. New doctors with new services are moving into several counties. Success in placing physicians in smaller counties continues to impact the local health department clinics. The hospital in Woodford County has reopened its obstetric services, and obstetricians have established practices in Versailles. Medicaid prenatal patients who used to go to the health department have begun using the local doctors resulting in a decline of patient volume in the health department. Physicians who previously did not want to see Medicaid patients now want to treat them. The health departments in Lawrence County, Edmonson County, Barren County, and Warren County, where there is no Medicaid-Managed Care, report declining workload because local physicians want to see the Medicaid patients and the patients are going to the doctor instead of the health departments. Private physicians tell us that previously the Medicaid's reimbursement rate was so low compared to private rates that it wasn't worth the administrative trouble to participate in Medicaid. Now, Medicaid rates have risen and private rates have fallen to the extent that there isn't much difference.

Placing a partnership between the Department for Medicaid Services and the local health departments has changed two more important factors for local health departments. In the days before partnerships, patients came to local health departments. Health department staff decided what services were needed, they provided them, and then Medicaid paid at a cost reimbursement rate. But now the relationship with Medicaid has changed in Medicaid Partnership areas. Health departments in partnership areas must obtain authorization from the partnership gatekeeper before providing any services for which they expect to be reimbursed. There are exceptions for services specifically authorized by the agreement (sexually transmitted diseases, certain prenatal service, etc.) but many services now require pre-authorization. If the health department receives authorization for payment, they do not receive a cost reimbursement fee. Instead, they receive a rate that is considerably less than what Medicaid has paid in the past.

In addition to these changes in access to patients and reimbursement rates, there is additional uncertainty about which billed services will be accepted and which will be rejected. DPH staff and Medicaid staff continue to work to resolve this issue; however, until the partnership makes a final determination, neither the state nor the local health departments can make accurate revenue projections.

Another factor contributing to the problem of accurate projections is related to delays in getting decisions on certain arrangements between local providers and the health departments. In two Region III counties, local pediatricians have indicated that they cannot handle all the EPSDT and immunization work. Those physicians have indicated their willingness to have local health departments perform some of that work and we have requested authorization for payment for local health departments to perform the work.

Similarly, some counties in both Regions III and V report that local physicians have accepted all the patients they can manage. As a result, some patients must travel to another county for preventive services within the partnership. Requests to authorize local health departments to receive payment to fill this void in the county of residence are pending at the partnership level.

A significant amount of staff growth since fiscal 1995 has been in the administrative and management categories. The decline since fiscal year 1997 has been concentrated in the public health nursing, public health nursing support, nutrition, therapy, public health support, and maintenance categories. This potential imbalance between administrative and provider personnel is likely to require some health departments to make staffing adjustments.

In FY 1997 the department influenced the disbursement of \$306 million to support 4,500 workers, while in FY 1998 it disbursed \$            million to support 3,850 workers. In FY 1997 public health departments collected \$30 million from Medicaid for clinics and \$50 million from Medicaid and Medicare for Home Health. That left \$226 million to take care of core public health and to ensure that persons with no insurance received personal preventive services. The total has grown from \$306 million to \$315 million and the anticipated Medicaid and Medicare collections are assumed to be nearly stable at \$78 million. That is probably an unrealistically high projection for Medicaid revenue.

## **Ensuring Quality Assurance in the Partnerships**

The Department for Public Health does not perform “Quality Assurance” work for the partnerships, although it evaluates the public health outcomes required of the partnerships. Quality assurance has a very specific meaning to the department. It is the combination of planning, standards, monitoring, and evaluation applied to clinical practice. The Department for Public Health is actively involved in quality assurance for the local health departments through a combination of clinical standards, performance monitoring, on site consultation, training, and program evaluation carried out by local health department staff, state health department staff, and program reviewers from the United States Public Health Service. The

department expects individual physician or hospital practices to perform that function on their own or in conjunction with their Medicaid partnership.

The department monitors public health outcomes both of the health departments and the private practice community. Department staff maintain surveillance on communicable diseases, monitor compliance with immunization and EPSDT efforts, and measure infant mortality. We maintain registers to monitor the prevalence of low birth weight babies, childhood fatalities, sudden infant death syndrome, newborn screening, birth defects, and related conditions. The department looks for examples of excellence in a variety of areas and has recognized those providers who are high performers. Similarly, we notify providers when our public health monitoring systems note persons whose performance is below the expected in the such things as the management of communicable disease, disease screening, immunizations, or required reporting. Physician participation in a partnership does not alter our practice in these areas.

## **Health Departments as Safety Nets**

The department estimates that there will be \$236 million plus collections of something less than \$80 million to support the total operation. Providing \$25 million in flexible funding plus small amounts to help the health departments impacted by Managed Care gives health departments the opportunity to reconfigure their programs as safety nets. We anticipate that the expanded Medicaid coverage to children ages 14-18 and the K-CHIP program will reduce the number of non-paying patients using health departments. One issue facing health policy makers at all levels is whether local health departments must provide services free of charge to patients who decline to sign up for Medicaid or who decline to use their assigned managed care providers.

## **Health Departments and Clinical Services**

We expect that nearly all health departments will continue to provide clinical services. This could change if community planning, expanded Medicaid coverage, and the K-CHIP program eliminate the need for public health clinics in some counties. If Kentucky had universal, high-option health insurance we would still need a substantial public health workforce. Clinical medicine takes excellent care of people who come to clinics but has been less successful in preventing disease and promoting health. Public health, on the other hand, has a strong record of success in disease prevention and health promotion. Kentucky deserves the best of both systems working together.

The report that follows provides an overview of how the Department for Public Health operated in the 1998 fiscal year. It acknowledges that changes in both private and public funding of health care are generating profound and rapid

changes for both the state and local public health departments. It acknowledges that Kentucky's health departments are expected to protect the population through a series of core public health activities and to protect patients through selected personal preventive services. It notes that external forces are moving patients from the public sector to private care. It realizes that public health departments in Kentucky and other states must redesign their operations to place increased emphasis on population issues. Many of our efforts for fiscal year 1998 have been directed toward transition planning and development of alternative ways of achieving the expected results.

The Department for Public Health takes very seriously its responsibility for maintaining a high level of quality in the services that affect the health of every citizen in the Commonwealth every day. This report describes those programs in DPH and highlights the 1998 fiscal year, which ended June 30, 1998.

Rice C. Leach, M.D.  
Commissioner

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## TWO

### PROGRAM ACHIEVEMENTS

#### Division of Adult and Child Health

The **Division of Adult and Child Health** is responsible for identifying risks to good health and developing methods to reduce those risks through population and personal preventive health services. ACH's new organizational unit is vital to the transformation of local health departments because with a budget of over **\$130 million** and a substantial number of consultants, the division has the greatest opportunity to provide flexibility to local health departments during this period of change.

Adult and Child Health has arranged for **\$25 million** to be disbursed through flexible funding that not only lets local health departments know how much money they will receive but also lets them determine the mix of personal and population services that suits their needs. The state still expects local health departments to achieve appropriate public health results, but it has stopped telling them exactly how to go about it. This division also sets the standards for the programs described below. Staff are rewriting those standards to focus more on outcomes than on mandated processes. The outcome-based approach gives local health departments increased flexibility.

#### Clinical Health Branch

The **Clinical Health Branch** includes clinical functions from the former Maternal and Family Planning Branch, the former Pediatric Services Branch, the former Adult Health Branch and the former Home Care Administrative Branch. The **Clinical Health Branch** is divided into two sections, the Adult Clinical Section and the Pediatric Clinical Section.

The **Clinical Health Branch** implements services in local health departments and other agencies that assist adults and children with preventive health screenings, provides screening and health education for chronic diseases such as cardiovascular conditions and diabetes, and provides women's health services that include maternity care, family planning, and breast and cervical cancer screening. The branch provides technical assistance and clinical oversight to the local health department Home Health Agencies, and to DPH's First Steps, Kentucky's Early Intervention System.

The Adult Clinical Section oversees family planning in health departments and other sites so individuals are provided with the information and the means to



choose the number and spacing of their children. The Family Planning and Population Research Act of 1970 (Title X) authorizes grants for contraceptive methods, infertility services, and services for adolescents. The funds earmarked for family planning provided comprehensive medical, social, and counseling services through **156** clinic sites in all 120 counties.

The section oversees maternity services in health departments with the goal of reducing maternal and infant mortality and decreasing the need for high-cost neonatal intensive care. Comprehensive prenatal services, which include preconceptional health screening and counseling, outreach and follow-up, nursing and nutrition counseling for pregnant women, preterm birth prevention screening and education, laboratory tests, delivery, and home visits, are available to low income women.

Staff in the Adult Clinical Section provide technical assistance, consultation, education and professional assistance to home health programs operated through local health departments. Home-based services reduce the number of Kentuckians requiring institutionalization.

During fiscal year 1998, the Adult Clinical Section enabled local health departments and other agencies to provide services to the following number of *unduplicated* patients:

- Adult health preventive or other problem related clinical visits to **336,792**
- Cancer related clinical visits (primarily breast and cervical cancer) to **25,064**
- cardiovascular disease visits to **18,906**
- Diabetes visits to **4,681**
- Family planning services to **124,198**
- Maternity services to **33,392**
- **821,353** medical home health units/visits to **14,154** patients
- **442,352** units/visits of Medicaid Home and Community Based Services to **2,742**

In addition the section provided:

- **110,084** Pap tests
- **17,318** screening mammograms
- **2,483** diagnostic mammograms

The Pediatric Clinical Section oversees the evaluation and treatment of children with inborn errors of metabolism identified by newborn screening, as well as follow-up treatment for infants born with sickle cell disease. The section enabled local health departments and other agencies to provide services to the following number of *unduplicated* patients.

- Children's preventive services to **209,097**
- Referrals to university diagnostic centers for **637** infants with positive or inconclusive results for PKU, galactosemia, congenital hypothyroidism and sickle cell; one child was placed on treatment for PKU, **12** were placed on treatment for congenital hypothyroidism; and four children were identified with sickle cell. **1,301** cases of special formula for PKU were provided free or at a reduced cost to **80** patients.
- Diagnosis and early intervention services for chronic illness or developmental delay through First Steps, Kentucky's Early Intervention System to **3,473** children; **862** of whom were found to have risk conditions that affect their development
- Genetic testing, counseling and education for **1,358**

The Pediatric Clinical Section oversees child health services provided by local health departments. These services promote the health of infants, children, and adolescents; reduce the incidence of preventable disease, injuries, and disabling conditions; and increase preventive health services for low-income children. Preventive services include health histories, physical examinations, laboratory tests, immunizations, and health education.

Diagnosis and treatment of children with chronic illnesses, evaluation of children with possible developmental delays, genetic counseling, and childhood lead poisoning prevention and screening are other services of the Pediatric Clinical Section. Lead screening was provided for **35,576** children; of those screened, **327** were confirmed as having lead levels above 20 ug/dL. Training in lead poisoning prevention management was given for **204** people from across the nation

Grief counseling is available to any family whose child has died during the first year of life. Counseling must be offered to all parents who lose an infant due to sudden infant death syndrome. Grief counseling was provided to **194** families, who experienced infant deaths, while counseling was offered to **281** families.

The Dental Program during FY 1998 continued to deliver a comprehensive array of fluoridation activities to insure access to the proven disease prevention benefits of fluoride. As fiscal 1998 drew to a close, a doctor of dental medicine on assignment to Kentucky from the Centers for Disease Control and Prevention filled the Dental Director's position. Notable achievements of the dental group include the following:

- Fluoridated community water systems served approximately **90 percent** of the state's population
- The Rural School Fluoridation Program served **9,500** students
- The Fluoride Mouth Rinse Program served **44,500** children in grades one through six
- **7,000** preschool children received fluoride supplements

- **22,000** children in grades K-6 received dental health education
- WIC, Well Child Clinics, Health Fairs, and Family Resource Youth Services Centers provided oral hygiene counseling and information

## **Community Health Branch**

The **Community Health Branch** addresses the health of both adults and children. Adult health promotion is aimed at chronic diseases such as breast, cervical, and lung cancers; cardiovascular disease; and diabetes and its complications. Prevention efforts include community-based coalitions that facilitate health education and promotion of a healthy lifestyle to include nutrition, exercise, weight control, smoking prevention and cessation, hypertension prevention and control, lipid and glycemic control, and emphasis on regular health examinations.

Child health promotion includes teenage pregnancy prevention and abstinence education; child injury prevention and SAFE KIDS Coalition chapters; Resource Persons for Teen Moms and the development of healthy new families; a birth surveillance registry; and review of child fatalities to determine preventable causes of childhood deaths. Local health departments assess local needs, build community coalitions, and develop community-based health promotion and health education.

Health educators provided **9,970** programs to **293,432** participants, while the adult health teams provided **1,286** group patient education classes to **29,263** participants and **171** professional education programs for **2,794** participants.

Currently in **91** counties, the Resource Persons Program provided home visiting services by trained para-professionals to **5,003** pregnant and parenting teens. The goals of the program are to decrease incidences of infants with low birth weight and reduce infant mortality, improve parenting skills, and reduce repeat pregnancies in the teen population.

Teen Pregnancy Prevention Initiatives assisted local health department staff with technical assistance, training, and funding to implement several innovative teen pregnancy prevention curricula in their local schools. Health departments in **90** counties convened community work-groups and coalitions to discuss strategies for reducing teen pregnancy in their communities.

Pre-Teen Postponing Sexual Involvement is based on the Postponing Sexual Involvement (PSI) curriculum but is modified to be more age appropriate for pre-teens. Approximately **10,000** students in **50** schools received the pre-teen PSI program. Taught by high school students who are peer educators, PSI is a school-based curriculum designed for junior high and middle school students. PSI is

abstinence-based and does not include information about contraceptives. Last year approximately **35,000** students in **230** schools participated in PSI.

Reducing the Risk (RTR) is a school-based curriculum that focuses on abstinence. Trainers also discuss contraceptives and their proper use and failure rates. Last year the DPH, through health departments, made RTR available to approximately **21,000** students in **115** schools.

The "Get a Life First, Wait to Have Sex" media campaign was begun in October 1997. The statewide campaign produced four television and five radio spots. During the summer **45** billboards with the Get a Life First message were placed in counties with high teen pregnancy rates.

## **Drug Enforcement and Professional Practices Branch**

The **Drug Enforcement and Professional Practices Branch** administers and enforces the Kentucky Controlled Substances Act, the drug and device portions of the Kentucky Food, Drug and Cosmetic Act, the use of the title "Doctor" or "Dr.," and the Treatment of Cancer Law. In addition, the program provides technical and professional expertise to licensing boards, local health departments, and law enforcement agencies that enforce controlled substances laws.

Drug Control supplements the efforts of other agencies. The administration and enforcement of the Kentucky Controlled Substances Act directly affects **12,000 to 15,000** persons who are permitted by law to manufacture, prescribe, administer, dispense, possess, or conduct research with controlled substances. The Drug Control Program licenses manufacturers, distributors, and re-packers. The staff works with the Drug Enforcement Administration, the Kentucky State Police, as well as local police departments and sheriffs to prevent legal controlled substances from being diverted to illegal channels. Persons who legally possess controlled substances are monitored and inspected for compliance regarding security, record keeping, and labeling. Violators are penalized by either the licensing process or by the criminal justice system. The program also updates the list of controlled substances via administrative regulation.

Activities of the branch include:

- **1,210** surveillances and investigations for potential violations
- **17** licensing of manufacturers and wholesalers of controlled substances
- **2,259** consultations with individuals about the drug laws

## **Emergency Medical Services Branch (EMS)**

The department's recent reorganization saw the transfer of the **Emergency Medical Services Branch (EMS)** from the former Division of Health Systems Development to the new Division of Adult and Child Health. This move reflects the role of certified and licensed EMS providers who provide more than **600,000** patient care contacts each year, making EMS a key component of Kentucky's health care delivery system. For many patients, EMS is their first contact with health care during a medical emergency.

The EMS Branch manages programs that reduce preventable deaths and disability due to injuries and medical emergencies. The branch serves as the department's lead agency for the planning, development, improvement, and expansion of EMS systems throughout the state. The primary activities of the EMS Branch include:

- Training and practice standards and certification for personnel
- Licensing, inspection, and regulation of ambulance services and other provider organizations
- Collection and analysis of data,
- Managing the Senate Bill 66 program that provides matching grants to local governments for purchase of ambulances, equipment, and training
- EMS and trauma systems planning
- Consultation and technical assistance in the development and improvement of emergency medical services

As of June 30, 1998, the branch was responsible for overseeing the training, certification, and practice of **12,660** emergency medical technicians (EMTs), **2,484** EMT-First Responders, and **238** EMT-Instructors. In addition, the EMS Program administers the Kentucky Board of Medical Licensure's paramedic program, which currently includes **1,200** certified paramedics.

During the 1998 fiscal year, **\$1,466,918** in state matching funds were awarded to **97** counties and cities to maintain, improve, and expand local emergency medical services. These state matching grants included **\$885,264** to assist in the purchase of ambulances, **\$193,855** to provide training and incentives for EMS personnel, and **\$387,799** for purchasing basic and advanced life support medical equipment, communications equipment, or rescue equipment.

As of June 30, 1998, the branch licensed **256** ground ambulance services and **10** air ambulance services. These licensed ambulance providers operated a total of **1,027** ground ambulances, **13** helicopter ambulances, and three fixed-wing air ambulances. All licensed ambulance services and vehicles are inspected at least annually to ensure compliance with state licensing requirements as part of the department's public health standards enforcement role.

Fiscal year 1998 saw the development of Kentucky's first statewide EMS plan for the establishment of goals and direction for EMS systems development. The plan was developed under contract with the University of Kentucky's Center for Rural Health and staff of the EMS Branch with input from the Kentucky EMS Council. The final draft of the plan was distributed to state and regional EMS trade groups and professional associations as well as area development districts across Kentucky for review and comment. A total of six public hearings were held between May and June 1998, with more than **100** representatives of EMS providers, local governments, and other citizens. The Kentucky EMS Council will review the final plan in the next fiscal year.

## **Nutrition Services Branch**

The **Nutrition Services Branch** administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Adult and Child Health (ACH) Nutrition Program. WIC is a federally funded program that sets standards for nutrition services. It provides nutritious foods and nutrition education to low-income pregnant, breastfeeding and postpartum women, infants, and children who are at nutritional risk. The program is also responsible for promoting breast-feeding, resulting in **31** percent of low-income women breast-feeding. The ACH Nutrition Program provides medical nutrition therapy and community nutrition activities.

WIC provided approximately **\$60 million dollars** in food instruments in fiscal 1998. WIC serves every month:

- An average of **29,529** infants
- **15,902** pregnant women
- **1,799** breast-feeding women
- **10,668** postpartum women
- **64,644** children under the age of five

The Food Delivery/Data Section provides WIC food instruments and data reports for USDA reporting purposes. The section processed and distributed more than **four million** food instruments. The section provides assistance to local WIC sites via telephone and electronic communication as well as by on-site training.

The Clinical Nutrition Section helps WIC participants improve their food selections and eating choices through both the WIC Program and the ACH Nutrition Program. The primary focus of the WIC Program is to educate low-income women, infants, and children who are nutritionally at risk by providing basic nutrition and breastfeeding information and nutritious foods, and when appropriate, referral for intensive care. Breastfeeding promotion activities and training are provided for hospitals, physicians, nurses, etc. upon request.

The ACH Nutrition Program provides medical nutrition therapy to eligible clients in **112** of 120 counties. The nutritionists provided medical nutrition therapy services to approximately **24,000** patients in health departments. Besides providing diet service to patients, nutritionists conduct in-service education for staff. Many of these nutritionists provide community programs such as weight loss classes, cooking classes, and menus for day care centers.

The Program Management Section promotes efficient operation of the WIC Program. The section conducts programmatic and administrative evaluations of local WIC programs, provides technical assistance and training for staff, and collects and analyzes statistical data and financial data for the contract bank. Staff made **460** site visits in fiscal year 1998.

The Vendor Management Section approves applications, monitors approved vendors, and provides technical assistance and training to grocers and drug stores. The section also refers groceries to the Office of the Inspector General for determination of improper redemption of WIC checks. On-site monitoring was conducted for more than half the **1,370** participating vendors.

## **Commissioner's Office**

The commissioner's office is responsible for the general management, oversight, and establishment of policy for the Department for Public Health (DPH). It advises the heads of agencies in state government on issues relating to public health, including actions necessary to safeguard the health of the citizens of the Commonwealth. The commissioner serves as chief medical officer of the Commonwealth. Additional roles of the commissioner's office include health care reform, strategic planning, and enhancement of local health departments.

The office coordinates legislation and regulations among the six divisions and between the department and other agencies of state government. This involves reviewing pending legislation for departmental impact, responding to requests from the General Assembly, coordinating presentations before committees, and maintaining communication on legislative issues. The staff also coordinates the department's activities in promulgating regulations and making appointments to various boards and councils.

The commissioner's office staff provides the department's divisions with expertise in the legislative process, such as proposed bill review and administrative regulation development and interpretation.

The director of nursing provides professional consultation, support, and technical assistance to the DPH commissioner, executive staff, state and local health

department administrators, and approximately **1,000** nurses practicing in local health departments. She also directs the operation of nurse-managed employee health centers in Frankfort that support direct care, blood pressure monitoring, health education, and HIV/AIDS and CPR classes for state employees. She is also the department's principal nurse consultant to the cabinet, universities, and community-at-large.

## **Division of Epidemiology and Health Planning**

The **Division of Epidemiology and Health Planning** provides the following:

- Assessment of the occurrence of and risk factors for preventable diseases and injuries in the Commonwealth
- Policy development related to the prevention of disease and injury
- Assurance of the provision of public health services, primarily through local health departments

Responsibilities of the division include control of communicable disease, disease surveillance and investigation, injury prevention and research, vital statistics, and health data. The division discharges these core public health functions through the public health activities of its six branches: Communicable Disease, Health Data, Health Policy Development, HIV/AIDS, Surveillance and Investigation, and Vital Statistics.

### **Communicable Disease Branch**

The mission of the **Communicable Disease Branch** is to eliminate, reduce, and control certain communicable diseases. Local health departments provide direct care while central office staff provide training, educational materials, technical and financial assistance, and program planning and evaluation. This mission is accomplished through three major programs--Communicable Disease, Tuberculosis Control, and Sexually Transmitted Disease (STD) Control. The branch provides professional consultations to the healthcare community as well as to individual programs within the department. It is also responsible for the selection, training, and maintenance of the Rapid Response Team that provides support to local health departments in controlling disease outbreaks. The three major programs in the branch are described below.

The Immunization Program provides health departments with vaccines against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, rubella, mumps, hepatitis B, varicella (chicken pox), and *Haemophilis influenzae* type b. The program oversees vaccine procurement, conducts disease surveillance and



control, makes assessments of the target population, and educates providers about vaccine-preventable diseases and vaccinations. It also conducts quality assurance reviews of facilities receiving state vaccines. This past year, the program distributed vaccine to public and private providers, resulting in the administration of approximately **923,900** doses of vaccine to Kentuckians. Local health departments administered approximately **666,000** doses of vaccine, primarily to children from birth to five years of age and to beginning 6th graders. More than **250,000** additional doses were administered by physicians, community health centers, and other agencies, mainly for children receiving Medicaid or without health insurance. Data recently released by the Centers for Disease Control and Prevention (CDC) show that **81 percent** of Kentucky's two-year-olds have received the required immunizations. This achievement places the Commonwealth three percentage points above the national average and represents an **18 percent** improvement since 1989.

The Tuberculosis (TB) Control Program works to reduce the number of cases and deaths due to tuberculosis. The primary focus is to prevent non-infected individuals from becoming infected, keep those infected without active disease from progressing to disease, and render infected individuals with disease noninfectious. The program recommends regulations and legislation for TB control, provides outpatient care for TB patients, maintains a central register of all TB cases in the state, and establishes a method to assure that financial support is available for treatment. It further provides training and educational material for health professionals and the public regarding TB and its control, and initiates special TB control programs in cooperation with federal, state, and local agencies. Through TB program efforts in fiscal 1998, **118,276** persons were tested and treated for TB, **6,549** persons who had contact with a TB patient were examined, and **198** new cases of TB were reported. In calendar year 1997, the most recent year for which U.S. data are available, Kentucky's tuberculosis case rate of 5.1 per 100,000 residents is **31 percent** lower than the national rate (7.4) and has shown a decrease of more than **50 percent** since 1992.

The Sexually Transmitted Disease (STD) Program seeks to reduce the occurrence and prevent the transmission and debilitating complications of STDs. Priority is given to persons diagnosed or exposed to early syphilis or to Human Immunodeficiency Virus (HIV). The program also places a high priority on the prevention of congenital syphilis infection in neonates. Recognizing that women and the children they bear are often at high risk of the serious aftereffects of sexually transmitted disease infection, the STD program conducts a statewide screening program for gonorrhea and chlamydia infection. The screening is carried out in family planning, prenatal, sexually transmitted disease and cancer detection clinics operated by local health departments. Other services include educational materials, training for clinicians, program planning and evaluation, technical consultation, and antibiotics for therapeutic and prophylactic treatment of patients. The program also furnishes gonorrhea and chlamydia test kits for patients

attending STD clinics. In addition to central office staff, the STD program utilizes disease intervention specialists who are assigned throughout the state to conduct interviews and provide investigation and follow-up services for high-priority cases and outbreaks. In fiscal year 1998 the STD program screened **96,370** persons for gonorrhea and chlamydia, with **3,638** cases of gonorrhea and **5,979** cases of chlamydia diagnosed. Other STDs reported were **340** cases of syphilis, and **1,901** cases of other STDs. Staff conducted **267** interviews with patients infected with early syphilis resulting in identification of **71** persons with disease and **169** others provided with preventive treatment.

## **Health Data Branch**

The **Health Data Branch**, designated as the state's Center for Health Statistics, maintains a public health database, which collects and distributes information that supports health assessment and planning. The branch compiles data at the county level on health status indicators, demographic trends, and related socioeconomic factors. Local health departments and other agencies use the data to assess the health problems and needs of their communities. In addition, the branch provides data to support the Department for Public Health's strategic health improvement plan. Within the last year, the branch published the *Kentucky Annual Vital Statistics Report* and expanded its mission to provide information for community health assessment and planning by publishing the first edition of a new series of annual reports, *Kentucky County Health Profiles*. In order to provide a longer-range view of trends in health status, the branch also published *Kentucky Health Trends 1991-1995, Volume I, Birth Statistics* and began to compile data for a forthcoming volume on death statistics. Staff also provided responses to **450** requests for vital statistics data. The branch assisted the APEX-PH (Assessment Protocol for Excellence in Public Health) State Data Committee in beginning the development of a set of environmental health indicators for use at the local as well as the state level.

## **Health Policy Development Branch**

The **Health Policy Development Branch** provides public and private sectors with timely and accurate information on the cost, quality, and outcomes of health services; conducts research and analysis on health policy development; and supports exchange of a statewide health information system. The Health Policy Development Branch was responsible for the following activities:

Implementation of SB 343: Passed in 1996, this legislation requires the collection of health cost and quality data from providers, hospitals and health facilities and the creation of a permanent advisory committee to define quality outcome measurements and advise the Cabinet for Health Services on data interpretation and publications. The branch has processed over **800,000** records on health care utilization, inpatient and outpatient during this year.

Kentucky State Health Plan: The branch provides support for the Cabinet's Certificate of Need process. The State Health Plan for 1998-2000 was published this year in May. Approximately **50** copies have been distributed to date.

The Public Health Improvement Plan provides a blueprint for improving health status in Kentucky through prevention and improved capacity for public health services delivery. Numerous work groups have been meeting to develop methods to implement the plan.

Surveys, data collection, and published reports relating to home health, long-term care, Hospice, ambulatory surgery, and acute care, rehabilitation, and psychiatric hospitals. These Annual Facility Utilization Reports were published in May and June with more than **875** copies distributed.

Staffing of the Uninsured Children Work Group Committee as it researched ways to increase and improve the availability of health benefits for the uninsured population in Kentucky. The branch assisted in developing legislation and followed it through the legislature. Since the legislation was passed and signed April 2, 1998, staff have been assisting with implementation of the KCHIP program for uninsured children. This assistance included developing the Title XXI State Plan for submission to the Federal government for funding, and development of the program specifics. The program will be housed in the Department for Medicaid Services.

## **HIV/AIDS Branch**

The mission of the **HIV/AIDS Branch** is to protect, promote, and monitor the health of the public by prevention of HIV transmission and its associated morbidity and mortality. This mission is supported by a combination of state and federal funds and carried out by staff in the four components of the HIV/AIDS Branch: Counseling and Testing, Surveillance, Prevention, and Services

HIV Counseling and Testing offers anonymous and confidential HIV antibody testing, free of charge, in all 120 Kentucky counties through local health departments. Some counties also provide these services to inmates of local jails or prisons. Currently, there are **176** state-sponsored HIV counseling and testing sites in Kentucky. In fiscal year 1998, of **20,591** persons served at Department for Public Health-sponsored counseling and testing sites, **133** were found to be HIV infected.

HIV/AIDS Surveillance is charged with acquiring, recording, and reporting HIV and AIDS cases diagnosed in Kentucky. Case reports are compiled into a statewide database that is analyzed to provide for planning of HIV/AIDS prevention, education, and services. The staff also compiles and distributes statistical reports on the incidence of HIV and AIDS to more than **825** recipients. The surveillance component completed **413** HIV case reports (an increase of 55 from the previous year) and **310** AIDS case reports (a decrease of 100 from the same period last year).

HIV/AIDS Prevention consists of three programs: the Professional Education Program, the HIV Prevention Community Planning Program, and the Targeted HIV Prevention Program. The Professional Education Program reviews HIV continuing education courses and school curricula proposing to meet the education criteria mandated in Kentucky. Completion of a course/curriculum approved by program staff is required for licensure in 18 health and human-services professions. Staff reviewed **377** courses for continuing education about HIV and sent lists of approved HIV/AIDS courses to **4,576** individuals.

The Kentucky HIV Prevention Community Planning Program has one statewide Community Planning Group (CPG) composed of local and state health departments; community-based organizations; specialists in social and psychological services, epidemiology, project evaluation, and education. Others included are members of high-risk populations. The CPG conducts needs assessments of existing HIV prevention efforts and resources, analyzes current and projected epidemiological data, and recommends intervention strategies to reduce the risk of HIV transmission for at-risk populations. These interventions include risk reduction and empowerment workshops, focus groups, street outreach, community mobilization and awareness, and condom distribution.

The HIV Prevention Program reached approximately **30,000** persons in fiscal 1998 through the above activities. The community planning process and the CPG are administered statewide by Frankfort staff.

Through the Targeted HIV Prevention Program, five health departments in higher prevalence areas of the state, work with the CPG and receive grants to target high-risk individuals in accordance with the priorities identified in the statewide HIV prevention plan. This program reached **17,992** persons.

HIV/AIDS Services offers five programs that provide HIV-related services:

The Kentucky HIV Care Coordinator Program is a statewide case management network formed specifically to provide information, advocacy support, counseling, and referral to HIV infected individuals. The program employs case managers, based in six regions of the state, to link HIV-positive clients with health and human services for which they are eligible. This program served **1,398** HIV-infected clients during this report period, a reduction of **53** from the previous fiscal year.

The Kentucky AIDS Drug Assistance Program (KADAP) assists low-income HIV-positive individuals who have no other medication payment source with purchasing up to twenty HIV-related medications plus a separate program for four protease inhibitors. There were **418** low-income HIV-infected individuals who received assistance in purchasing medication, an increase of **58** from the past year.

The Kentucky HIV Health Insurance Assistance Program helped **175** persons at risk of losing existing insurance coverage with their premium payments, an increase of **25**.

The Outpatient Health Care and Support Services Program assisted **1,398** clients with physical and mental health care services, substance abuse treatment, benefits advocacy, and nutrition.

Finally, the state-funded HIV Care Consortia Program filled in gaps in support services not covered by federal funding. Additionally, **644** HIV-infected persons received support services such as housing, utilities, and nutrition assistance.

## **Surveillance and Investigation Branch**

The mission of the **Surveillance and Investigation Branch** is to collect, tabulate, analyze, and maintain an automated register of all legally mandated disease reports from health care providers, facilities, laboratories, and local health departments. The data are used to provide a sound epidemiological database for departmental decision making in disease prevention and control and health promotion. Data are linked to the national level through CDC's National Electronic Telephone Surveillance System. The branch publishes disease data, along with other timely health care information in monthly issues of *Epidemiologic Notes and Reports* and distributes them to more than **10,000** health care providers in Kentucky. The branch conducts epidemiological studies on disease distribution, prevention and control problems, and provides technical consultations to private physicians, local health departments, and many other individuals and organizations. In fiscal year

1998, the branch reviewed and confirmed **11,392** reportable diseases and received **4,123** reports of diseases not mandated as reportable; assisted in the investigation of seven outbreaks of diseases, and provided **1,791** consultations relating to diseases. In addition to the publication of 12 issues of *Epidemiologic Notes and Reports*, the branch published six special reports, and five peer-reviewed articles. Other activities include Behavioral Risk Factor Surveillance, Veterinary Public Health, and Injury Prevention.

The Behavioral Risk Factor Surveillance Survey is an ongoing statewide telephone survey of adults to learn about lifestyles and health risk factors. More than **3,600** telephone interviews of adult Kentuckians 18 years of age or older were conducted last fiscal year. The results of the survey were analyzed and reported to the Centers for Disease Control and Prevention (CDC) for national comparisons and published and distributed to a wide array of health professionals for community assessment and planning and evaluation of health programs.

The state Public Health Veterinarian is responsible for the overall management of veterinary public health. The state veterinarian consults with health professionals, individuals, and the media regarding zoonotic diseases and other animal/human-related issues of public health significance. These included **590** consultations in fiscal year 1998 on rabies alone.

The Kentucky Injury Prevention and Research Center (KIPRC) addresses the leading causes of death and disability with their yearly economic toll of more than \$2 billion from injury morbidity and mortality. KIPRC implements injury prevention and control programs and conducts research, education and training in injury prevention. KIPRC includes surveillance, research, intervention design, implementation, and evaluation, as well as publication and dissemination of unintentional injury data to agencies and organizations involved in injury activities. Among the activities of the KIPRC were the following:

Kentucky Emergency Medical Services Information System (KEMSIS), the major source of injury surveillance data for Kentucky, now houses data from approximately **60 percent** of all ambulance runs, more than **60,000** hospital discharge records with injury diagnoses, police crash reports linked with medical data, and all deaths caused by injury since 1990. The data provide the foundation for injury prevention and research programs.

The Community Injury Prevention Program established a nine-county community coalition and emphasized the correct use of child safety seats by purchasing and distributing child safety seats to lower income families.

Pediatric and Adolescent Injury Prevention incorporates general injury prevention, adolescent occupational injury prevention, the child fatalities review project, and emergency medical services for children in Kentucky. The

program distributed more than **100** child safety seats and purchased **250** additional seats for distribution. It also provided county-specific data and assistance with injury prevention activities to more than **70** local and regional health departments, **14** Safe Kids Coalitions, and education to more than **1,500** students, health professionals, and community members at conferences and events. Staff provided education to more than **1,000** EMTs and paramedics about pre-hospital care for pediatric patients, and produced ten chapters for the National Institute of Occupational Safety and Health (NIOSH) for vocational and technical school instructors.

Occupational Injury Prevention includes surveillance of all occupational deaths with investigation of selected deaths; surveillance and prevention of occupational burns; education intervention development for construction-related injuries, and surveillance and investigation of all farm injuries in a six-county area. The tractor rollover intervention received widespread interest and support.

## **Vital Statistics Branch**

The **Vital Statistics Branch** collects, preserves, and protects certificates for births, deaths, marriages, divorces, and induced terminations of pregnancies which occur in Kentucky and issues certified copies as requested. The branch records and provides for people born in Kentucky a means of establishing their legal identity, age, parentage and nationality. It also makes available to eligible persons a legal document attesting to the date, place, and cause of every death occurring in Kentucky, and provides a central repository for all records of vital events. Through the collection and analysis of vital statistics data, it augments and supports the planning, management, and evaluation of DPH programs. Local registrars and their deputies in each county health department, all acute care facilities, most larger long care facilities, and all funeral homes and coroners assist in the preparation and filing of certificates.

The Certification Section collects and accounts for fees received for certified copies of birth, death, marriage and divorce certificates. The section researches birth records and issues the certified copy to individuals making the requests. This section can now produce certified copies of birth certificates from 1963 to the present from an on-line computer system that is linked with the mainframe. This process has enabled the section to cut the time for the issuance of birth certificates from three to four weeks to one to two weeks. The three-to-four-weeks processing time for birth records of 1911 to 1962 has now been reduced to two to three weeks. There were **201,723** certified copies of birth certificates issued with **\$3,022,609** in fees collected in calendar year of 1997.

The Registration Section registers all vital records (births, deaths, marriages, and divorces), amends birth certificates, and provides certification of deaths, marriages and divorces, registers new baby birth certificates, and preserves all volumes of certificates. This section registered the following documents:

- **53,361** birth certificates
- **33,785** death certificates
- **45,212** marriage certificates and **21,853** divorce and annulment certificates
- **17,028** amended birth records

The section also issued **183,376** certified copies of deaths, **1,485** certified copies of marriages, and **469** certified copies of divorces in calendar year 1997.

## **Division of Laboratory Services**

The **Division of Laboratory Services** makes reliable laboratory facilities available for the protection of health in the Commonwealth. The division achieves this through the following:

- Providing essential examinations of clinical and environmental specimens to support other state programs and local health department programs, and reference testing not readily available elsewhere for hospitals and practicing physicians
- Increasing the effectiveness of laboratory science in improving health status by providing consultation to state and district health programs, practicing physicians, hospitals, medical examiners, coroners and industrial hygienists
- Protecting the health, safety, and welfare of people from the hazards of improper performance by health laboratories

The division office began strategic planning in January 1998 to help chart the future of the DLS by having laboratory employees complete a Situation Analysis Questionnaire. Response to this questionnaire provided valuable information for the Strategic Planning Team. A core team was later derived from the planning team to synthesize the values, vision, mission, and goals and objective that were contributed.

Division office staff screened and delivered approximately **150** telephone calls per day.

Activities conducted in support of the Local Public Health Laboratories include the following:



- Coordinated compliance with the Clinical Laboratory Improvement Amendments (CLIA) for more than **260** local health department sites through two multiple-site certificates. The lab's staff serve as director and technical consultants so that local health departments will meet CLIA's personnel requirements.
- On-site consultations, training, and proficiency testing were performed to verify local health departments' CLIA compliance, to ensure uniformity of testing, and to monitor performance. Staff compiled data and made renewal application to the Health Care Financing Administration for both CLIA certificates. Staff technologists provided **112** on-site consultations to local health departments on the multiple-site certificate for CLIA and monitored quality assurance including review of patients' charts and QC logs for compliance with CLIA. Technologists also provided over **450** phone consultations concerning laboratory testing performed in the local departments.
- Two method validation survey challenges were provided to all participants on the multiple-sites certificates to monitor performance in Group A Strep, urine pregnancy testing, cholesterol screening, glucose, hemoglobin, hematocrit, and gram staining.
- Made on-site visits to assure understanding of the paperwork and specimen handling associated with PT participation. Monitored PT results and provided follow-up on any unsatisfactory results.
- In consultation with the Division of Adult and Child Health, the division office secured a price contract for standardized, single use, totally disposable lancets meeting the new national guidelines.

Activities conducted in support of the division include:

- Certification for **59** laboratories in the state that perform prenatal syphilis serology testing
- **33** phone consultations concerning the prenatal syphilis certification
- **53** phone consultations concerning laboratory safety. Conducted laboratory tours upon request
- Clinical rotations for **13** Kentucky Technical College and Eastern Kentucky University students
- **23** training activities
- **273** phone and e-mail consultations

## Chemistry Branch

The Biochemistry Section performs basic clinical chemistry tests, therapeutic drug monitoring, and newborn screening. The section identified **26** infants as positive for phenylketonuria; **18** as positive for galactosemia; referred **84** specimens for

hemoglobin abnormalities; and referred **474** infants for further evaluation for thyroid gland function.

The Instrumentation Section provides chemical analysis to the Labor Cabinet's Kentucky OSHA program, the Department for Public Health's Environmental Management Branch, the Food Safety Branch, the Dental Health Program, and local health departments. The section completed applications to the American Industrial Hygiene Association for re-accreditation in the Industrial Hygiene Laboratory Accreditation Program and for first-time accreditation in the Environmental Lead Laboratory Accreditation Program.

The Radiation/Environmental Monitoring Section conducts a statewide environmental monitoring program. The section annually conducts approximately **35,021** environmental analyses and quality control checks for radiation in all media. To determine the impacts of ionizing radiation on health, safety, and the environment, the Radiation/Environmental Monitoring Section analyzes samples from and adjacent to the defunct Maxey Flats low-level nuclear waste disposal site and the Paducah gaseous diffusion plant. The laboratory also conducts analyses for naturally occurring radioactive materials in the state.

The Toxicology Section handles basic toxicology training and laboratory services for coroners and medical examiners as well as information management support.

## **Microbiology Branch**

The Bacteriology and Parasitology Section is composed of three testing programs. The sanitary bacteriology laboratory tests drinking water samples, recreational water samples, milk and dairy samples, and food. During the past year, the water sample results have been reported over the Local Health Network. This, combined with the change in testing methodology, has resulted in much faster turn-around time for these samples. New instrumentation was obtained for testing milk samples for phosphatase and for inhibitory adulterants in order to comply with FDA requirements. Food is tested for both consumer protection and epidemiology. The lab was successful in isolating the causative agents in two widespread foodborne outbreaks. One involved hamburger (*E. coli* 0157:H7 was isolated) and one involved cereal (*Salmonella agona* was isolated). The lab also tests for botulism toxin. Several cases were positive in the last year.

The Bacteriology and Parasitology Program tests clinical specimens for intestinal parasites and enteric pathogens. Referred specimens are also received from throughout the state for identification, grouping, and serotyping of enteric pathogens. DNA testing is done to determine if patients from STD clinics, family planning clinics and prenatal clinics are infected with *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae*.

The Mycobacteriology Program started using a rapid method for culture of specimens for Mycobacteria several years ago. Identification of *Mycobacterium tuberculosis*, *Mycobacterium gordonae*, and *Mycobacterium avium*, complex by DNA probes has been in place for several years. Within the past year, the laboratory has started using HPLC methodology for identification of Mycobacteria sp. All of these methods have resulted in a reduction of the amount of time required to isolate and identify Mycobacteria. In addition, the Amplified Nucleic Acid (MTD) test is now being done on sputum specimens that are smear positive. This test is useful in cases where it is important to know whether or not the acid-fast organism is *Mycobacterium tuberculosis* complex.

The Serology Section performs HIV-1, hepatitis, syphilis, rubella and immunohematology testing in support of the Divisions of Epidemiology and Health Planning and Adult and Child Health (ACH). The section also performs HIV-1 testing in conjunction with the Justice Cabinet for persons convicted of sexual offenses and prostitution. The section started providing Rubella IgM testing in December 1997. Serology also provided bench training for students in college and vocational school laboratory programs from Eastern Kentucky University and Kentucky Technical College.

#### The Virology and Fluorescent Antibody Section

- Purchased a new FA scope with improved optical and filter systems which will increase testing ability
- Provided bench-training in public health procedures for students in college and vocational school laboratory programs
- Increased safety in the laboratory with new equipment such as an explosion-proof refrigerator for acetone use and storage
- Continues annual influenza surveillance isolation and strain typing  
44 Flu “A”s identified for the year, primarily the H3 Sydney strain
- Identified 20 cases of rabies in animals
- Isolated and identified 289 cases of Herpes virus infection

### Technical & Administrative Services Branch

The **Technical & Administrative Services Branch** consists of two sections that provide essential services to the Division of Laboratory Services and to local health departments throughout the Commonwealth. The division’s Quality Assurance program, developed and monitored by this branch, has been designated as “the best in the state” by CLIA inspectors. The branch is instrumental in budget preparation and monitoring, performs cost accounting and prepares cost-per-test and workload productivity reports for the division. Branch staff provided newborn screening including follow-up on over 4,000 abnormal screening results and more

than **12,000** letters to parents and physicians. Computerized newborn screening data were extracted and compiled into reports for the Council of Regional Networks for Genetic Services and the Association of Public Health Laboratories.

The Administrative Services Section is primarily responsible for data management and reporting of medical laboratory results, data entry of patient demographics, procurement and distribution of equipment and supplies, tracking laboratory purchases, inventory control, and equipment maintenance and repair. In fulfilling these responsibilities, staff performed data entry on over **290,000** specimens and assembled and mailed follow-up laboratory reports. More than **10,000** telephone inquiries were fielded regarding test results and demographic data necessary for patient identification.

The Technical Services Section provides laboratory support services including receipt and distribution of more than **230,000** medical laboratory specimens. glassware preparation, waste collection and decontamination. Staff prepared and dispensed more than **40,000** units of media and reagents used for laboratory tests, and assembled and shipped more than **200,000** kits for collecting and mailing laboratory specimens. A semi-annual milk testing survey of Grade “A” dairy laboratories supported the **Milk Control Branch’s** program. This survey was provided for nine Grade “A” dairy laboratories and **38** analysts. The section developed a procedure manual outlining directions on glassware preparation including quality control, acid cleaning, packaging and sterilization of special glassware, and operation of equipment.

## **Division of Local Health Department Operations**

Created by reorganization of the DPH, the **Division of Local Health Department Operations** provides support to local health departments in personnel management, training and staff development, support for medical records management and the local health network, policy interpretation, and public health nursing. The division is the primary liaison between the DPH and local health departments.

### **Local Personnel Branch**

The **Local Personnel Branch** operates and maintains a separate personnel program for **51** local health departments and their **3,850** employees. The branch acts for a five-member Local Health Department Employment Personnel Council and recommends changes in the compensation and classification plan. The branch helps health departments recruit qualified employees by reviewing applications;

administering and grading examinations; processing personnel appointments, salary adjustments, reclassifications, and promotions; and maintaining master personnel records and a register of applicants. Increased emphasis is being placed on training health departments' management and supervisory staff on personnel issues and regulations in order to strengthen their personnel systems.

## **Public Health Nursing Branch**

The newly created **Public Health Nursing Branch** was officially formed as part of the October 1997 reorganization of DPH. One of the four branches of the Division of Local Health Department Operations, it promotes public health nursing through local health departments. Enabling local public health nurses to be an integral part of the seven Core Public Health Activities is the primary purpose of the Public Health Nursing Branch.

The branch facilitates, at the local level, assessment of health status, health planning, assurance for the health of each community, evaluation of health care, maintenance of competent health care staff, and identification of progressive ideas and methodologies. Operating as a team, public health nurses provide nursing leadership and support in order to empower local health department nurses to provide population-focused community-based services and to achieve public health objectives on an individual community or county basis. Assignments have been made for each nurse to be a regional nurse consultant, to serve as a liaison to each departmental division, to be responsible for particular topic areas, and to be familiar with the Managed Care Regions of the state.

Promoting public health throughout Kentucky, the Public Health Nursing Team works with other professionals to promote the transition of Core Public Health at both the state and local level, assists with training necessary for local health department staff, and coordinates efforts with other agencies and professional organizations.

Assisting with public health surveillance, facilitating development of local health policies, enforcing public health regulations, communicable disease control, providing health education, promoting risk reduction, and disaster preparedness—these are the focus of the public health nurse. The regional nurse consultants have introduced themselves to all public health departments and have given them the opportunity to request assistance in making the transition to “population-focused” community-based health care.

The branch's public health nurses have visited **62** of Kentucky's 120 counties and will visit the remaining counties within the next year. During these technical assistance visits public health nurses have found that communities are offering

unique opportunities to re-claim “Public Health Nursing” by getting back to serving the entire community.

## **Public Health Support Branch**

The **Public Health Support Branch** has strengthened its ability to help local health departments with proper reporting and record keeping. The branch’s motto “Do it right the first time” has led to improved data collection, fewer billing errors, maximized collections, and improved overall efficiency in the health records support staff function. Finally, the director of this division has worked with local health departments and the Department for Medicaid Services and the private sector to identify alternative sources of revenue for local health departments.

The branch strengthens and enhances the operation of local health departments through administrative support systems, such as an automated patient and service reporting that tracked **5,966,692** services to **736,111** *unduplicated* patients in fiscal 1998. Additionally, the branch helps in maintaining a statewide on-line computer network with at least one site in each of Kentucky’s 120 counties. The branch operates the local health network’s HELP DESK that provides assistance to local health departments on the network, network applications, and in troubleshooting computer problems.

The branch provides technical assistance and consultation to local health departments on medical records standards. On-site consultation and record review assure adherence to these standards. Other responsibilities include the following:

- Development and refinement of integrated patient records and generic forms
- Technical assistance to health departments on patient intake, registration, patient flow, and coding of clinical services
- Responses to special data requests from health departments and DPH’s staff, HELP DESK back-up, and development of departmental publications available to local health departments and the public
- Procurement and repair of network hardware and upgrade and enhancement of the local health information network
- Working with DPH programs and the Public Health Nursing Branch to assist local departments with the delivery of health services and patient care, and development and implementation of quality assurance functions

## **Training and Staff Development Branch**

The **Training and Development Branch** serves as the training “knowledge broker” for the DPH and the health departments by identifying resources and

matching them with training. The branch coordinates state and local training by distributing a monthly training calendar that also lists the video and audio tape holdings. The branch works with planning groups to develop and maintain a core curriculum of training for public health.

The Training and Development Branch processed more than **1,000** requests for training, which represents an **80 percent increase** over the past fiscal year. Agencies used in the training included the Governmental Services Center (GSC), the Department of Information Systems (DIS), private consultants, and the Emory University Regional Training Center. The branch administers continuing education courses for nurses through a providership approved by the Kentucky Board of Nursing. This providership gave **25** courses with **146** contact hours to **1,201** nurses.

The branch edits a monthly newsletter, *The Local Health Link*, which is distributed to health departments and central offices. The training calendar and newsletter have been added to the department's home page on the Internet. The branch worked with the DPH's divisions and other state and local staff to conduct four regional conferences during the fiscal year.

## **Division of Public Health Protection and Safety**

Formerly named the Division of Environmental Health and Community Safety, the **Division of Public Health Protection and Safety** includes programs related to the enforcement of public health regulations for environmental health and community safety. The division works closely with local health departments to make sure that Kentuckians are protected from unsafe consumer products, unnecessary radiation exposure, unsanitary milk, adulterated and misbranded food, unsanitary public facilities, and malfunctioning sewage systems. State staff are responsible for radiation health and safety issues involving both the natural environment and organizations using radioactive materials, inspection of x-ray equipment, Grade "A" milk production, public health aspects of chemical weapons storage at the Blue Grass Army Depot, and certification of public swimming pool designs.

### **Radiation Health and Toxic Agents Branch**

The **Radiation Health and Toxic Agents Branch** ensures the beneficial use of radiation, protects the public from unnecessary exposure to the harmful effects of radiation, and protects the nine- counties surrounding the Bluegrass Army Depot from the impacts of chemical warfare agents.

Radiation Health is responsible for licensure, registration, and certification of all uses of radiation. The program conducts inspections and environmental surveillance, manages compliance activities, and is responsible for statewide emergency response to radiological incidents. The Radiation Health Program undertakes activities related to microwave ovens and video display terminals, and collects information on non-ionizing radiation, such as laser and high-tension electrical lines. The U.S. Department of Energy provides an on-going grant for evaluating the impact of ionizing radiation on public health and safety as related to the Paducah Gaseous Diffusion Plant.

The Radiation Producing Machines Section and Radioactive Materials Section conducted inspections of facilities with radiation tubes and certified mammography facilities. The Radiation Health and Toxic Agents Section entered into a new cost-reimbursement contract with the U.S. Food and Drug Administration to continue annual inspection of all mammography facilities. The branch conducted inspections of radioactive material licensees. The Division of Laboratory Services, conducted environmental surveillance and quality control analyses to support the activities of the Radiation Health and Toxic Agents Branch.

The Radiation Control Program and the Department for Environmental Protection have conducted reviews of the documents for the initial remediation of the Maxey Flats Disposal Site. There is an agreement with the University of Kentucky to assist in the review and evaluation of the initial remedial phase design documents for the site.

The Radiation Control Program continues its activities under a grant from the U.S. Department of Energy (DOE) to address radiation health, safety, and environmental issues at the Paducah Gaseous Diffusion Plant. The program has assisted the DOE in a number of sampling and remedial efforts at the Paducah plant.

The division is currently working toward entering into a memorandum of agreement with the U.S. E.P.A. Underground Injection Control Program to reduce regulatory duplication. Recently the E.P.A. began requiring permits for septic systems that serve 20 or more persons. This is in addition to the state's permit program the division has administered for the past 15 years. To eliminate this duplication, it is anticipated that an agreement will be reached that would allow acceptance of the division's permitting program by the E.P.A. The goal is to allow the regulated community to have "one stop shopping" for the permits needed to install a new septic system.



The division has also been working with the state Department for Environmental Protection in overseeing the remediation of the naturally occurring radioactive material from the Martha Oil Field in Lawrence and Johnson counties. Many tons of contaminated soil have been removed from the former wellhead and have been placed in a temporary containment cell.

The division is beginning a new initiative with the Department for Environmental Protection, Division of Water. This initiative has the goal of developing a memorandum of agreement that would authorize local health departments to approve spray irrigation sewage disposal systems. If successful this initiative would allow the regulated community easier access to the spray irrigation option. It would also give additional oversight to the local departments to assure that proper sanitary conditions are maintained.

The Radioactive Materials Section inspects and licenses **396** specific licensees of radioactive materials in the fields of medicine, industry, research, and academia. In addition, the section has **21** *in vitro/in vivo* general licenses and **164** other general licenses. The section also assists the program manager when radioactive materials and waste are being transported in and through the state and responds to radiological emergencies 24 hours a day.

The Radiation Producing Machine Section inspects and registers **3,249** facilities that use radiation producing machines. The section also issues certificates and inspects approximately **4,953** operators of sources of radiation to ensure compliance with existing statutes and regulations. It annually inspects schools of radiologic technology, provides home study course material to approximately **125** qualified individuals, and coordinates continuing education credit hours as a prerequisite to re-certification. The section inspects **160** mammography facilities to assure they meet the requirements of the Mammography Quality Standards Act of 1992.

The Radiation Health Program has technical responsibility for the Radiation/Environmental Monitoring Section program, while administrative responsibility lies with the **Division of Laboratory Services**. The section annually conducts approximately **15,000** environmental analyses and quality control checks for radiation in all media. To determine the impacts of ionizing radiation on health and safety and the environment, the Radiation/Environmental Monitoring Section analyzes samples from and surrounding the defunct Maxey Flats Disposal Site and the Paducah Gaseous Diffusion Plant. The laboratory also conducts analyses of various media, such as radio nuclides in drinking water, to evaluate impacts on health and safety.

The Toxic Agents Program ensures the medical preparedness of the nine counties surrounding the Bluegrass Army Depot in Richmond. A federal grant from the

U.S. Army funds the Chemical Stockpile Emergency Preparedness Program. The program ensures that the nine counties have emergency plans for medical preparedness. They include a mechanism for training of medical and emergency medical personnel within the counties and resources for antidotal drugs, supplies, and equipment.

## **Milk Safety Branch**

The Milk Safety Branch prevents adulteration, misbranding, and false advertising of milk and milk products and protects the public from disease transmission through milk products. The branch oversees inspections of dairy farms, dairy plants, and dairy processors. It is also concerned with the development of product standards of identity and legal labeling of all dairy products mandated by the Food and Drug Administration.

The Milk Safety Program conducted **10,316** inspections of **2,874** dairies, processing plants, receiving/transfer stations, samplers, haulers, trucks, and distributors. There were **1,574,741** pounds of Grade "A" milk diverted for manufacturing purposes, **600,271** pounds of milk destroyed due to substandard quality, and **3,389,922** pounds of milk destroyed due to the Drug Residue Testing Program. Also, **35,564** samples were collected, **44** surveys were conducted, **3,086** first notices were issued, **1,949** notice of intent-to-suspend, **590** permits were suspended, and **575** reinstatements. A total of **22** hearings were conducted and a total of **99** plans reviewed.

## **Food Safety Branch**

The **Food Safety Branch** prohibits the sale of adulterated, misbranded, or falsely advertised foods and food products and eliminates unsanitary conditions in tattoo studios and boarding homes. The branch provides planning, monitoring, training, and evaluation for health department food, tattoo studio, and boarding home surveillance programs. Interpretation, consultation, standardization of inspections, and program evaluation are provided to health departments who issue permits to operate, provide inspections, and carry-out enforcement procedures. Investigation samples are collected from food service establishments, retail food stores, vending machine companies, food manufacturing and storage plants, and from the state's raw agricultural producers for pesticide residues. It maintains standards of identity for various standardized foods and sets acceptable compliance levels for all food establishments in the state.

The branch

- Issued **24,157** retail food, tattoo, and boarding home permits
- Provided **77,612** surveillance activities
- Destroyed **191,164** pounds of adulterated food
- Collected **790** samples
- Trained **26** new local health department environmentalists
- Standardized nine retail food specialists
- Trained **12** environmentalists for the state fair

The branch routinely receives consumer complaints or inquiries relating to foods, drugs, and cosmetics that have been consumed or purchased. Consumer complaints range from concern over retail food stores, food service establishments, salvage food establishments, schools, nursing homes, hospitals, boarding homes and tattoo parlors. Typically, the Food Safety Branch receives approximately ten complaints or inquiries per month.

During fiscal year 1998, the Food and Drug Administration forwarded **28** consumer complaints associated with food products manufactured in Kentucky. All complaints were investigated and closed.

The Food Safety Branch routinely receives food-drug-cosmetic recall information. If the recalled product was manufactured or distributed in Kentucky, a recall alert is sent to all local health departments advising them of the situation. During fiscal year 1998, **40** recalls were announced and monitored by the branch.

## **Environmental Management Branch**

The **Environmental Management Branch** has two sections, Community Environment and Facilities Environment. The branch seeks to prevent disease and eliminate existing unsanitary conditions and safety hazards in public facilities as well as in an individual's personal environment. The branch performs the following functions:

- Establishes sanitary standards of operation
- Issues permits to construct on-site sewage disposal systems and septage treatment sites,
- Trains and certifies on-site sewage disposal system inspectors
- Certifies training and service providers regarding lead abatement and on-site system installers
- Conducts review and approval of construction plans for public swimming and bathing facilities
- Conducts product safety programs on consumer products
- Conducts and coordinates radon mitigation training and public education programs

In fiscal 1998 the branch:

- Issued **17,295** permits
- Conducted **19,459** site evaluations and enforcements
- Provided **118,456** services and classes
- Approved **478** product components and component manufacturers in the on-site sewage program areas

Consumer product safety included **24** injury investigations. There were **2,246** pieces of safety information distributed to agencies, consumer groups, and private consumers. Holiday safety program efforts were conducted in cooperation with the Federal Consumer Product Safety Commission.

## **Division of Resource Management**

The **Division of Resource Management** represents a consolidation of all financial management functions in the department. Organization into this one division removes the duplication of grant allocation and payment, permits and fee collection, procurement, and contracts. Prior to the recent reorganization, different branches and sections managed disbursements and specific budgeting of grants to local health departments. This new arrangement puts one manager in charge of all aspects of financial management. Resource Management develops and oversees the DPH budget and local health departments' fiscal planning and their administrative and management practices. It provides administrative support to local health departments in all 120 counties of the Commonwealth. This division does not determine what to buy; that is determined by those responsible for achieving health outcomes; however, this division does determine *how* the funds will be disbursed. The centralized approach to financial management permits large scale fiscal planning rather than the program-by-program approach of the past.

The **Financial Management Branch** developed paper-less, combined program planning and budgeting procedures for all health departments.

The Environmental Systems Support Section provides technical and administrative support to the local health departments and DPH's divisions on the service reporting and financial aspects of environmental health programs administered by local health departments. The section collects environmental revenues, issues permits for the environmental programs, and provides training to health departments' environmental personnel. The section issues permits, collects fees, and oversees the financial management of the division. In the past year, the section reviewed and evaluated local health departments' environmental fee accounts and

assessed compliance with inspection frequencies set by environmental health law and regulation.

## **Information Technology Management Branch**

**Information Technology Management Branch** was established with the reorganization of the Department for Public Health to consolidate information technology from throughout the department. The branch fulfills the business functions of the Department through managed information, processes, and technology.

Information systems consultants revised the Department's data dictionary, which is a dictionary of all **65+** independent information systems within the Department. This dictionary includes the data element name, data descriptions, and validations for all data collected. During the revision staff identified duplication in data collection, mostly within the vital statistics data.

The branch developed the department's INTRANET, which is an internal network that provides the electronic communication of Executive Staff Meeting minutes, directories, maps, organizational charts, electronic forms, graphic/images, conference schedules, training calendar, newsletters, reports, manuals, Internet links, and policies and procedures.

Staff consolidated six local area networks into one network of multiple servers that provide file and print management and communications for remote access and fax. The one network will also handle specialized databases, among them vendor monitoring, child fatality, and birth surveillance.

The branch standardized workstations on one operating system while handling requests to purchase products or services other than those documented within the Commonwealth's standards.

Consultants are assisting the department in the development of a Public Health Data Model for future system developments. Databases must be designed with a common format and definition that supports the information requirements and eliminates the need for interfaces. This effort is consistent with the Enterprise Common Data Definition initiative, the EMPOWER KY Simplified Access initiative, as well as the Centers for Disease Control and Prevention Common Data Definitions.

An Information Technology Vision Document that will guide in building an integrated health and human services information system is also being developed. This initiative is consistent with the Kentucky Public Health Improvement Plan's

objective to design and implement a new information system that will assist in the transition of public health to a population-based focus.

The first two systems development efforts are focused on Vital Statistics and Immunization. For Vital Statistics private consultants have assisted the department in conducting an internal and external study which includes process redesigns, potential constraints and alternatives, and recommendations. The next step is the preparation of a Request for Proposal (RFP) for new systems development. This system will become the foundation for the integrated health information system, which will include the following:

- Registration of births from hospitals or birthing centers
- Central office fee accounting module
- Issuance of certified copies of birth and death certificates by local registrars
- Electronic issue of birth and death certificates
- Data imaging and archiving
- Automatic coding of death certificates

The branch is proposing the creation of an automated system to support the Immunization Program. The modernized immunization system will provide records in a timely and efficient manner. A pilot KIH Project in local health departments includes four sites, Green River District, Lake Cumberland District and Mercer County and Franklin County. Using intelligent workstations, e-mail, file transfer, service report and financial data, INTRANET and Internet access, it is anticipated that the pilot will provide a base for other health departments.

## **Procurement Branch**

The **Procurement Branch** retains the functions of the former Administrative Branch.

It coordinates several functions for the department:

- Moving telephones and minor construction projects with the building superintendent
- The A-95 review whereby any federal or state contract is checked before it is transferred to the next level of authority in the cabinet
- Equal employment opportunity (EEO)
- Americans with Disabilities Act (ADA)
- State wide disaster program
- Bid process for medical supplies
- Senate Bill 66, the matching grant program receiving and funding process for ambulance service personnel and equipment.

The branch maintains the Title VI program, which covers the public's rights to access to vital statistics. It also maintains the Physician Liability Insurance Program for the five physicians and other administrators in DPH.

Two sections make up the branch, Grants Management and Contract and Purchasing. The Grants Management Section is responsible for **\$65 million** in grants and payments to **54** local health departments. The section makes sure that these state and federal funds mesh with the DPH's administrative policy and federal guidelines.

The newly established Grants Management Section consolidates the grant allocation and payments functions from throughout the department. One can now contact a section supervisor to check on the status of a grant, whereas before inquiries had to be made to different staff. Staff from sections handling grants are now grouped and located together. Cross training of staff has been accomplished so that each knows the others' duties.

The newly created Contract/Purchasing Section consolidates the purchasing and contract management functions from throughout the DPH. This section plans and directs the process of all personal and program administration contracts. This year DPH has **21** personal administration contracts totaling **\$7,071,289** and **20** personal service contracts totaling **\$5,765,480**. The section supervises the vaccine lab that distributes medical supplies and vaccines in the state. Other responsibilities include filing monthly provider tax returns for the local health departments.

# ~ THREE

## BIRTH AND DEATH STATISTICS IN KENTUCKY

**Table I. Resident Live Births by Age of Mother -- 1997**

<b>Age of Mother</b>	<b>Number of Live Births</b>	<b>% of Live Births</b>	<b>% Change from 1996</b>
Less than 15 years	148	0.28	-17.32
15 to 19 Years	8,482	16.05	-3.16
20 to 24 Years	15,790	29.88	1.35
25 to 29 Years	14,560	27.55	1.39
30 to 34 Years	9,479	17.94	0.68
35 to 39 Years	3,749	7.10	4.08
40 to 44 Years	590	1.12	5.55
45 Years & Older	16	0.03	-48.39
Unknown	29	0.05	16.00
<b>Total</b>	<b>52,843</b>	<b>100.00 %</b>	<b>0.64 %</b>

**Table II. Resident Deaths by Cause of Death -- 1997**

<b>Cause of Death</b>	<b>Number of Deaths</b>	<b>% of Deaths</b>
Heart Disease	12,300	32.56
Malignant Neoplasm	8,984	23.78
Cerebrovascular Disease	2,525	6.68
Unintentional Injuries	1,709	4.52
COPD	1,601	4.24
Influenza & Pneumonia	1,346	3.56
Diabetes Mellitus	969	2.57
Suicide	508	1.35
Nephritis & Nephrosis	509	1.35
Disease of Arteries,	411	1.09
All Other Causes	6,913	18.30
<b>Total</b>	<b>37,775</b>	<b>100.00 %</b>

Sources: 1997 Vital Statistics Birth and Death Files



# **FOUR**

## **FINANCIAL REPORT**

## Actual Sources and Expenditures of Funds by Division Fiscal Year 1998

Division	Division Totals	<u>SOURCES OF FUNDS</u>		
		General Funds	Restricted Agency Fund	Federal Funds
Adult & Child Health	\$ 123,601,079	\$ 25,146,644	\$ 289,066	\$ 98,165,369
General Health Support (Includes Resource Mgt, Local Health Dept Oper, & Commissioner's Off.)	\$ 13,834,344	\$ 11,565,939	\$ 1,809,405	\$ 459,000
Epidemiology & Health Planning	\$ 17,801,070	\$ 7,318,980	\$ 2,347,433	\$ 8,134,657
Laboratory Services	\$ 5,169,145	\$ 4,132,316	\$ 864,772	\$ 172,057
Public Health Protection & Safety	\$ 6,945,547	\$ 2,258,121	\$ 3,983,973	\$ 703,453
<b>TOTAL</b> <b>% Of Funds/Expend.</b>	<b>\$ 167,351,185</b> <b>100%</b>	<b>\$ 50,422,000</b> <b>30.1%</b>	<b>\$ 9,294,649</b> <b>5.6%</b>	<b>\$ 107,634,536</b> <b>64.3%</b>
Division	Personnel	<u>EXPENDITURES</u>		
		Operating Expenses	Grants/Loans/ Benefits	Capital Outlay
Adult & Child Health	\$ 6,071,660	\$ 2,026,368	\$ 115,503,051	N/A
General Health Support	\$ 5,769,276	\$ 895,990	\$ 7,169,078	N/A
Epidemiology & Health Planning	\$ 5,060,191	\$ 1,922,173	\$ 10,779,268	\$ 39,438
Laboratory Services	\$ 2,630,050	\$ 2,427,976	\$ 28,913	\$ 82,206
Public Health Protection & Safety	\$ 3,781,237	\$ 866,896	\$ 2,237,928	\$ 59,486
<b>TOTAL</b> <b>% Of Funds/Expend.</b>	<b>\$ 23,312,414</b> <b>13.9%</b>	<b>\$ 8,139,403</b> <b>4.9%</b>	<b>\$ 135,718,238</b> <b>81.1%</b>	<b>\$ 181,130</b> <b>0.1%</b>

# FIVE

## DIRECTORY OF THE DEPARTMENT FOR PUBLIC HEALTH

November 1998

Division/Branch/Section	Name	Telephone
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(502) 564- 4-digit #

### Division of Adult and Child Health (ACH)

Division Director	Steve Davis, M.D.	4830
Assistant Division Directors	Lynne Flynn & Marvin Miller	4830
Oral Health Program	Steve Wyatt, D.M.D.	3246
Clinical Health Branch	Ann Tarter	3527
Adult Clinical Section		3527
Pediatric Clinical Section		3236
Community Health Branch	Greg Lawther	7996
Administration	Lois Robinson	7996
Adult Health Promotion	Carol Forbes	7996
Child Health Promotion	Ginny Bryson	2154
Primary Care	Danise Newton	8966
Drug Enforcement & Prof Prac Br.	Danna Droz	7985
Emergency Med. Service (EMS) Br.	Bob Calhoun	8963
Certific & Training Section	Marcia Burklow	8963
Providers Lic & Field Serv Section	Janet Skelton	8963
Nutrition Services Branch	Fran Hawkins	3827
Clinical Nutrition Section	Emma Walters	2339
Food Delivery/Data Section	Joe Greenwell	2514
Program Management Section	Janet Johnson	3869
Vendor Management Section	Ruthanne Boyles	4953

### Commissioner's Office

Commissioner	Rice C. Leach, M.D.	3970
Deputy Commissioner	Sharon Stumbo	3970
Director of Nursing	Viola Brown	3970
Legislative Liaison	Dee Swain	3970
Principal Assistant	Sylvia Cherry	3970

<u>Division/Branch/Section</u>	<u>Name</u>	<u>Telephone</u> (502) 564- 4-digit #
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### **Division of Epidemiology and Health Planning**

Division Director	Glyn Caldwell, M.D.	7243
Asst. Division Director	Joyce Bothe	7243
Communicable Disease Branch	Clarkson Palmer, M.D.	3261
Immunization Section	Sandra Gambescia	4478
STD/HIV Counseling Section	David Raines	4804
Tuberculosis Control Section	Gene Simmons	4276
Health Data Branch	George Robertson	2757
Health Policy Develop. Branch	Charles Kendell	9592
HIV/AIDS Branch	Patty Sewell	6539
Surveillance & Investigation Branch	Mike Auslander, D.V.M.	3418
Injury Prevention	Carl Spurlock, Ph.D.	606-257-4954
Public Health Veterinarian	Mike Auslander, D.V.M	3418
Vital Statistics Branch	Barbara White	4212
Certification Section	Elizabeth Browning	4212
Registration & Amendment Section	Barbara White (acting)	4212

### **Division of Laboratory Services**

Division Director	Samuel Gregorio ( acting)	4446
Chemistry Branch		
Biochemistry Section	(vacant)	4446
Instrumentation Chemistry Section	Margaret Porter	4446
Radiation/Environ. Monitoring	Mary Todd	8390
Toxicology Section	Glenn Murphy	4446
Microbiology Branch	Samuel Gregorio, Dr.PH.	4446
Bacteriology & Parasitology Section	Norma Carlin	4446
Serology Section	Brenda Shipp	4446
Virology & Fluoresc. Micro. Section	Diane Young	4446
Technical & Adm. Services Branch	Cathy Higginbotham	4446
Administrative Services Section	Jeanette Wilhoite	4446
Technical Services Section	William Black	4446

<u>Division/Branch/Section</u>	<u>Name</u>	<u>Telephone</u> (502) 564- 4-digit #
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## **Division of Local Health Department Operations**

Division Director	Patrick Rickard	4990
Assistant Division Director	Lynn Owens	4990
Local Personnel Branch	Bob Nelson	3796
Public Health Nursing Branch	Linda Burke	7213
Public Health Support Branch	Rondia Burdine	7213
Training/Staff Development Branch	Eula Spears	4990

## **Division of Public Health Protection and Safety**

Division Director	David Klee, R.S.	7398
Assistant Division Director	Mark Hooks, R.S.	7398
Environment Mgt Branch	David Nichols	4856
Community Environ. Section	Wes Combs	4856
Facilities Environ. Section	Porter Bailey	4856
Food Safety Branch	John Draper	7181
Milk Safety Branch	Morris Strevels	3340
Radiation Health & Toxic Agents Branch	John Volpe, Ph.D.	3700
Radioactive Materials Section	Vicki Jeffs	3700
Radiation Producing Machines	Dewey Crawford	3700

## **Division of Resource Management**

Division Director	Suann Hudson	6663
Assistant Division Director	Gary Grubbs	6663
Financial Management Branch	J. R. Nash	6663
Environmental Support Section	Sam Burnett	3127
Information Technology Branch	Donna Veno	3970
Procurement Branch	Mark Yancey	6663
Contract/Purchasing Section		
Grants Management Section		

Sylvia Cherry, Editor

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